PART B - FEE(S) TRANSMITTAL

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23347 7590 08/24/2009										
GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B482 FIVE MOORE DR., PO BOX 13398										
RESEARCH TR							(Depositor's name)			
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE			ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/538,144	10/538,144 06/09/2005 W			ieslaw Mieczyslaw Kazmierski			PU4962USW 1348			
TITLE OF INVENTION:	CCR5 ANTAGONIST	S AS THERAPEUTIC A	GENTS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISS		JE FEE TOTAL FEE(S) DUE			DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0	\$1810			11/24/2009	
EXAMINER		ART UNIT	CLASS-SUBCLAS							
GALLIS, DAVID E		1625	514-304000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 BONNIE L. DEPPENBROCK							
p	or agents OR, alternatively,									
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi in 37 CFR 3.11. Comm	ified below, no assignee pletion of this form is NO	data will appear on T a substitute for filin	the pat	tent. If an assigne ssignment.	ee is ide	ntified below, the de	ocument	has been filed for	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
SmiTHKKII	PHILADELPHIA, PA									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🗹 Corporation or other private group entity 📮 Government										
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Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2			Payment by credit card. Form PTO-2038 is attached.							
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5. Change in Entity State a. Applicant claims	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is n	o long	er claiming SMAL	L ENTI	TY status. See 37 Cl	FR 1.27(g	g)(2).	
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	•	L. Deppen					rembes) o	000	7	
Typed or printed name BONNIE L. DEPPENBROCK Registration No. 28, 209										
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